Department Control No. Click here to enter.

Date: Click here to enter date. DHRD Request No: Click here to enter.

Department/Division: Click here to enter.

Period of Service: From Click here to enter date. To Click here to enter date.

**REQUEST for EXEMPTION of CONTRACTUAL SERVICES**

(for BU1 and/or BU10-type work)

**ATTACHMENT D**

(Specialized equipment required to perform service is unavailable)

1. Please provide a brief description of the services needed (e.g., groundskeeping, janitorial, air conditioning maintenance, etc.):

Click here to explain.

1. Please provide the specific location(s) where the services will be performed (e.g., island, building name, address, etc.)

Click here to explain.

1. Is this building or site owned by the State?

Yes or No.

Click here for comments, if any.

* 1. If yes, what were the reasons provided by DAGS for not providing the services?

Click here to explain.

1. Please identify the equipment that is needed to perform the service, but is unavailable.

Click here to explain.

1. Has your department previously made efforts to procure such equipment?

Yes or No.

1. If yes, why was the effort unsuccessful?

Click here to explain.

1. What are your department plans to obtain the equipment (e.g., purchase, borrow from another department, lease)?

Click here to explain.

1. What is the approximate cost of the equipment?

Click here to enter dollar amount